APPLICATION FOR REGISTRATION
FOREIGN STATUTORY TRUST
Office of the Secretary of the State

MAILING ADDRESS:
Commercial Recording Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470
860-509-6003

DELIVERY ADDRESS:
Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6003

Space For Office Use Only   **Filing Fee: $60.00**   **Make Checks Payable To "Secretary of the State"**

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1. **NAME OF STATUTORY TRUST IN ITS STATE OR COUNTRY OF FORMATION:**

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2. **IF DIFFERENT FROM THE NAME STATED ABOVE, THE NAME UNDER WHICH THE STATUTORY TRUST SHALL TRANSACT BUSINESS IN CONNECTICUT:**

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3. **STATE/COUNTRY OF FORMATION:**

_____

4. **DATE OF FORMATION:**

_____/_____/_____
Month   Day   Year

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5. **ADDRESS OF THE OFFICE REQUIRED TO BE MAINTAINED IN THE JURISDICTION OF FORMATION OR, IF   NOT REQUIRED, THE ADDRESS OF THE STATUTORY TRUST'S PRINCIPAL OFFICE (P.O. Box not acceptable):**

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_____
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6. **THE CHARACTER OF BUSINESS WHICH THE STATUTORY TRUST TRANSACTS OR INTENDS TO TRANSACT IN CONNECTICUT:**

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7. **THIS IS A FOREIGN STATUTORY TRUST, WHICH IS NOT ORGANIZED UNDER THE LAWS OF THIS STATE.**

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8. **DATE STATUTORY TRUST BEGAN TRANSACTING BUSINESS IN CONNECTICUT:**

_____/_____/_____
Month   Day   Year

Note: If additional space is needed, please reference an 8 1/2 X 11 attachment

9. Appointment of Agent for Service of Process
(Check A **or** complete B.)

A. _____   The statutory trust appoints the Secretary of the State of Connecticut and his successors in office to be its agent upon whom any process, in any action or proceeding against it, may be served.

B. _____   The statutory trust appoints the following Connecticut resident; domestic corporation; limited liability company; registered limited liability partnership; or statutory trust or foreign authorized/registered corporation; limited liability company; registered limited liability partnership; or statutory trust to be its agent upon whom any process, in any action or proceeding against it, may be served.

Print or type name of agent

_____

Business address: (P.O. Box is unacceptable)
Residence address: (P.O. Box unacceptable)

Acceptance of Appointment

_____
Signature of Agent

10. EXECUTION:

Dated this _____ day of _____, 20_____.

Print or type name of signatory	Capacity of signatory	Signature

REV. 08/24/2007